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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

			• • •				
DUE DATES:	February 1	First Semester to County Superi 5 to State Superin			Second May 10 to County May 24 to State St	•	
COMPLE	ETE THIS CLAIM FO	OR STATE REIM	BURSEMENT 1	FOR SCHOOL	BUS TRANSPORT	'ATION:	
This claim	n is for the period beginning			and ending _		, 20	
-		month	day		month	day	
CERTIFI	CATION:						
The inform	mation on this form is comp	olete and accurate to t	he best of my knowle	edge.			
Date		Signature, Chair, Boa	ard of Trustees				
County:		District:				District Level:	
10 0 11	¥7 11	0.40= D	T7 10 C 1 1			TT: 1 G 1 1	

19 Golden Valley U4U/ Ryegate K-12 School					DIS High School			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	Barber	76	0.95	16	08/22/05		
100	1	East/West	104	0.95	21	08/23/05		
100	1	North	128	0.95	24	08/23/05		
100	1	South	91	0.95	30	08/22/05		

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501						School Bus Transportation County				
DUE DATES: First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	NT FOR SCH	IOOL BUS TRAI	NSPORTATION	:	
This clain	m is for the	period beginning		month	, day	20 and en	ndingm		, 20 lay	
CERTIF	ICATIO	N:								
The info	rmation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County: District:								District L	evel:	
19 Gold	en Vall	ey	0411	Lavina F	K-12 Schoo	ols		High S	School	
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	2	1		38	1 15	53	08/26/05			

59

08/26/05

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